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# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0347 Manhattan Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 3 2302 No Wandishin, Eric & Valerie Todd 0.50 3 Pyles, Kathy 2303 No 0.50 3 2304 No Duncan, Wade & Kelly 1.25 3 2305 Szymczak, Susan 1.75 No

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## School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0364 Gallatin Gateway Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 35 2315 No Calvin, Frank 2.00 35 2316 No Nielsen, Christine 0.25 35 2317 No Barmore, Carol L 0.50 2318 Morton, Kellie A 35 0.75 No 2327 Calvin, Frank 35 No 4.00

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# **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

2.00

2.00

DUE
DATES

43

43

2246

2346

No

No

Wittwer, Alisha

Eskes, Pat & Karen

#### **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: County: District Level: 16 Gallatin 0367 LaMotte Elem Elementary Contract District Daily # of Days Transported # # Shared Family's Name Rate 43 2233 No CORNFORTH, MARILEE 4.45 43 2234 No ALLEN, Michael & Amy 3.90 43 2235 No BOCKHAHN, ANDREA 1.00 2236 Bumgarner, Michelle 43 No 0.40 2237 Goodwin, Kim 43 No 3.40 43 2238 No Hickman, Robin & Gaydeana 0.75 2239 Dietz-Holmes, Mary Ellen 43 No 3.50 43 2240 Jacobs, James S 2.00 No 43 2241 Johnson, Carolyn No 2.75 2242 Krushensky, Shelly 43 No 3.50 43 2243 No Megenity, Arin 2.70 2244 Stevens, John F 43 No 4.00 43 2245 Thompson, Deborah 3.00 No

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44

44

2397

2398

No

No

Kuklenski, Kim

Adolph, Marti & Mike

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

1.00

2.75

#### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 16 Gallatin 0368 Belgrade Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 44 2367 No Jaumotte, Tammie & John 0.00 44 2388 No Tanascu, Robert 0.25 44 2389 No Olsen, Karyn & Tom 0.50 2390 Gier, Laura & Jim 44 No 0.25 2391 Degroot, Merrill 44 No 0.25 44 2392 No Riekenberg, Christina 1.50 2393 Reier, Thomas 1.25 44 No 44 2394 Anderson, Kari No 1.13 44 2395 Grooms, Julie No 1.25 2396 Gordon, Ronalea 44 No 0.98

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# **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

1.75

DUE
DATES

69

2349

No

Cole, Sheila

**Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 16 Gallatin 0374 West Yellowstone K-12 **High School** Contract District Daily # of Days Transported # Shared Family's Name Rate 69 1847 No GOSPODAREK, LANIE 1.53 69 1848 No FINNEY, MELISSA 1.50 69 1849 **BORASH, CRAIG & STEPHANIE** No 1.35 1850 HITZLER, MELISSA & GREG 69 No 2.40 1851 GRUBE, SARAH 69 No 2.25 69 1985 No AUSTIN, PATTI 1.00 1986 2.25 69 No HURST, LORI 69 1987 GRIFFIN, DEBRA & DANA 1.35 No 69 1988 WATT, ELIZABETH & TRAVIS 2.25 No 2014 VOGEL, JENNIFER 69 No 1.50

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